

**North Carolina Division's of Mental Health,
Developmental Disabilities and Substance
Abuse Services and Medical Assistance**

Presents

**A Video Conference Regarding Basic
Medicaid Billing, Claims Processing
and Inquiries Related to Providers**

Date: November 6, 2006

Time: 8:30 a.m. – 11:30 a.m.

Join us for a panel presentation on Medicaid Billing, Claims Processing and Inquiries Related to Providers delivered by staff of the Divisions' of Mental Health, Developmental Disabilities and Substance Abuse Services and Medical Assistance.

The video conference is targeted for provider organizations. Participation is limited to *two staff members per organization*. Sites throughout the state have been identified. A list of local video conference sites and the number of seats available at each location is on the following page. Registration is on a first come - first served basis. We will be accepting individual registrations only. Seating is limited, so please register immediately. Participants must pre-register to attend.

**To register please fax the accompanying registration form to:
Cheryl Riggins at (919) 508-0965**

If you are unable to attend, the video conference will be videotaped and available for three months for viewing on our website. Please check the Division website:

<http://www.dhhs.state.nc.us/mhddsas/>

* A picture ID may be required at some locations.

11/6/06 VIDEO CONFERENCE

SITE AND CAPACITY DETAILS

City/Town	NCIH Facility	Seats
Charlotte (Mecklenburg)	UNC Charlotte	40
Cullowhee	Western Carolina University	35
Fayetteville (Cumberland)	Fayetteville Technical Community College	30
Greenville (Pitt)	ECU Medical Center Brody Auditorium	90
Morganton	Western Piedmont Community College	20
Raleigh (Wake)	Department of Public Instruction Education Building	40
Wilmington (Southeastern Center)	New Hanover Medical Center Coastal AHEC	25
Winston Salem (Forsyth)	Wake Forest Medical School	25

**NC Divisions' of Mental Health, Developmental Disabilities and
Substance Abuse Services and Medical Assistance**

**Basic Medicaid Billing, Claims Processing and Inquiries Related to
Providers**

REGISTRATION FORM*

___Mr. ___Ms. Name: _____
First Middle Last

Position: _____ County: _____

Agency Name: _____

Agency Location:
(NOT P.O. BOX) _____
No. and Street City State Zip

Agency Mailing Address: _____

Work Phone #: _____

Work Fax #: _____

Preferred Videoconference Site: _____

Fax registration form to:

Cheryl Riggins
DHHS-DMH/DD/SAS
(919) 508-0965

*** Please do not call. A confirmation will be provided within 24 hours.**